

California Regional Fire Academy

BASIC FIREFIGHTER ONE ACADEMY

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Physical Fitness and Cardiovascular Wellness Program

Academy Recruit Physical Fitness Profile
and
Physician Medical Release Form

Fire Academy Recruit

Date of Birth

Date of Physical



Dear Fire Academy Candidate;

As part of your basic training, you will be required to actively participate in the Basic Firefighter One Academy Physical Conditioning Program and to demonstrate acceptable physical readiness by successfully completing a job-related physical ability test at the conclusion of each block of instruction as well as at the conclusion of the Fire Academy Program.

The purpose of this letter is to describe the California Regional Fire Academy (CRFA) Basic Firefighter One Academy Physical Conditioning Program and advise you that you must obtain appropriate medical clearance before you are allowed to participate in the program.

Participation in the CRFA Basic Firefighter One Academy Physical Conditioning Program and the successful completion of job-related exams are requirements of the California State Fire Marshal and CRFA. The California State Fire Marshal (CSFM) has the responsibility for certifying all basic training academies in the State of California.

The CRFA Basic Firefighter One Academy Physical Conditioning Program is designed to develop in you and all students an enhanced level of physical fitness, in a manner that will both prepare you to perform physically demanding firefighter tasks and instill a desire to maintain a high level of fitness throughout your fire service career. To this end, the objectives of the program are to:

1. Prepare you to meet minimum physical job task performance standards.
2. Sensitize and educate you to the importance of maintaining a lifelong health-related personal physical fitness program.
3. Provide positive reinforcement and support for maintaining high fitness levels and personal health-related physical fitness programs.

These objectives are achieved by means of a three-fold educational process. First, you will be introduced to the goals and objectives of the physical fitness program, which includes individual assessment and instruction on the principles of physical conditioning. Second, you will participate in a series of conditioning sessions, which systematically embrace a wide variety of physical exercise. These activities include neuro-musculostrength development through strength and flexibility exercises, as well as cardio respiratory enhancement through various aerobic-type involvements. The progression of exercise will be dictated by your "entry-fitness level" and the subsequent improvement of your physical condition through training. Third, you will receive classroom instruction on the subjects of: Physical fitness as a lifetime pursuit, low back care, nutrition, overweight/obesity, substance abuse, stress management, and self-evaluation. The actual physical condition phase of the program is organized into 120-minute +/- sessions per week. These sessions are generally held two times per week, but can be built into every class meeting, depending on scheduling. Each is designed to address muscular strength, muscular endurance, cardiovascular endurance, and flexibility.

The relative emphasis given to each of these types of conditioning varies from session to session. All exercises within an exercise session are designed to maximize the development of those physical abilities needed to function as a firefighter. A detailed

physiological analysis was conducted by physiologists to identify/develop the specific exercises within each session. The analysis was conducted on actual career firefighter physical job task information that was collected from firefighters in over 100 fire departments statewide. Thus, great care was taken to ensure that the content of the conditioning program is highly job-related.

It is by design that the focus of the CRFA Basic Firefighter One Academy Physical Conditioning Program is to provide physical conditioning that is not punitive or mentally stressful, but rather educates and sensitizes students to the need for lifestyle of daily physical activity.

INJURY PREVENTION

It is extremely important that you do not sustain any injuries during the Firefighter One Academy program. Injuries that prevent you from actively participating in the Firefighter One Academy Physical Fitness Program could possibly result in you being medically recycled into the next Firefighter One Academy. It is extremely important that you participate in ALL sessions of the Firefighter One Academy Physical Fitness Program. As with all physical conditioning programs, there is the potential for injuries to occur, both minor and major. While all conditioning is conducted under the direction of our physical fitness subject matter expert, it is the student's ultimate responsibility to ensure he/she is physically prepared for all physical fitness conditioning sessions. This is to include, but not limited to stretching and preventative care.

SHOES

Before entering the Firefighter One Academy, you are encouraged to purchase a GOOD pair of running shoes. The type and proper fit of shoes is important for any activity program. Programs, such as this, which involve a lot of running and jogging, require special shoes, which have been designed specifically for these activities. These shoes should not fit tightly; and they should have good support at the arch and heel. It is important to remember that good shoes and socks are the best prevention against blisters, soreness, and aching of feet, ankles, and knees.

OVERVIEW OF FINAL TESTS

As indicated, at the conclusion of the conditioning program you must successfully complete a physical ability test in order to graduate from the Firefighter One Academy. The physical ability test that you will take will consist of a series of events that must be performed within a specified time. Examples of the kinds of events that comprise the physical ability test that you will take include, extending and lowering the fly sections of a ladder, carrying a 50 lb. hose pack 4 flights of stairs, hoisting a 50 lb. hose roll attached to a rope hand over hand vertically 40', moving a 165 lb. weight 5' by striking it with an 8 lb. shot hammer, dragging a charged 1 ¾" hose line 75', and dragging a lifelike dummy

(165 lbs) for a specified distance (100 feet). These types of tests are designed to simulate actual job tasks that are frequently performed by the typical career firefighter.

The passing scores required on each tests have been established so that they reflect standards that are reasonable and consistent with normal expectations of acceptable proficiency. Therefore, they are not tests of athletic prowess, but rather tests that measure one's ability to do the job.

MEDICAL CLEARANCE

Before participating in the program, it is necessary for you to get a medical clearance from your physician. The medical clearance is required to provide reasonable assurance that there is no medical reason why you should not participate in the Firefighter One Academy Physical Conditioning Fitness Program, and must be obtained at your own expense.

Enclosed are two forms for you to fill out before visiting your physician. One is a Health History Statement and the other is a cardiac risk assessment. Bring these completed forms with you the day you visit your doctor.

In closing, the intent of this letter is to provide you with a brief description of the nature and purpose of the conditioning program you will be experiencing. For further details about any of the information provided, you are encouraged to contact the Fire Academy Staff.

Thank you for your attention and good luck in your pursuit of a fire service career.

Respectfully,
Maurice Johnson, Academy Director

If you have any questions about what you have just read or the rest of this packet please contact (916) 475-1660.

Health History/Examination Release

Please read and sign the following:

During the course of the program at California Regional Fire Academy (CRFA), numerous instructors will be taking part in your education. In case of an emergency, any one of the instructors on staff will be permitted to look over your health examination and history forms. This is for your benefit.

Due to the fact that there are numerous instructors, you are required to make sure each and every one of them are aware of any limitations such as asthma, allergies to bee stings, or sudden pains during the day. This way you and all staff are able to take appropriate precautions and act accordingly in case an incident takes place.

I hereby certify that my medical information will be released at any appropriate time to California Regional Fire Academy personnel. I understand that this is for my benefit and not of the CRFA's.

I will also inform any CRFA personnel when I am not feeling up to par at any time, so that appropriate measures can be taken. I also sign that it is my duty to inform my instructors whether or not I have any limitations.

Signature: _____

Date: _____

Print Name: _____

Student/Client Responsibilities

Please take a moment to read and sign these responsibilities that you have to CRFA and to your medical examiner:

You are responsible for...

- 1) For providing complete and honest information about your past and present health history.
- 2) For asking for clarification whenever information or instructions are not understood.
- 3) For providing accurate identifying information.
- 4) For treating all personnel in a respectful and considerate manner.
- 5) For complying with the treatment plan provided by the health professional that you use.
- 6) For payment of any fees for services provided.

I _____ fully understand my responsibilities as a student/client and I commit myself fully to follow through with them.

Signature: _____

Date: _____

Print Name: _____

California Regional Fire Academy

Physical Health Appraisal

The information you provide in this statement will be used to assess your medical qualifications to participate in the CRFA Firefighter One Academy Physical Conditioning Program. Please complete the appraisal carefully and thoroughly. All information will be kept confidential.

Last Name		First Name		Middle Initial
Date of Birth	Age	SSN		
Height	Weight	Blood Type	Pulse	

Please answer the following. Circle yes or no on each question.

Do you have or have you ever had any of the following?

Yes	No	Allergies	Yes	No	Heart Murmur
Yes	No	Arthritis	Yes	No	High Blood Pressure
Yes	No	Asthma	Yes	No	High Serum Lipids (e.g.: Fats/Cholesterol)
Yes	No	Chronic Bronchitis	Yes	No	Musculoskeletal Problems
Yes	No	Diabetes Mellitus	Yes	No	Neurological Problems
Yes	No	Emphysema	Yes	No	Obesity
Yes	No	Heart Disease	Yes	No	Stroke

Have you ever experienced any of the following? For each condition marked yes, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work.

			Diagnosed		Associated with Exercise or Physical Work?	
Yes	No		Yes	No	Yes	No
Yes	No	Chest Pain	Yes	No	Yes	No
Yes	No	Chest Pressure	Yes	No	Yes	No
Yes	No	Discomfort/Pain in hand(s)	Yes	No	Yes	No
Yes	No	Discomfort/Pain in wrist(s)	Yes	No	Yes	No
Yes	No	Discomfort/Pain in elbow(s)	Yes	No	Yes	No
Yes	No	Discomfort/Pain in knee(s)	Yes	No	Yes	No
Yes	No	Discomfort/Pain in ankle(s)	Yes	No	Yes	No
Yes	No	Discomfort/Pain in jaw	Yes	No	Yes	No
Yes	No	Discomfort/Pain in teeth	Yes	No	Yes	No
Yes	No	Discomfort/Pain in throat	Yes	No	Yes	No
Yes	No	Discomfort/Pain in neck	Yes	No	Yes	No
Yes	No	Discomfort/Pain in back	Yes	No	Yes	No
Yes	No	Discomfort/Pain in OTHER.	Yes	No	Yes	No
Describe: _____						

Have you ever taken any of the following tests? If yes, include whether the results indicated any abnormalities.

			Any Abnormalities?	
Yes	No		Yes	No
Yes	No	Exercise Stress Test	Yes	No
Yes	No	Exercise Stress Test with Isotopes	Yes	No
Yes	No	Echocardiogram	Yes	No
Yes	No	Coronary Angiogram	Yes	No
Yes	No	Holter Monitor	Yes	No

Has a blood relative ever been diagnosed as having any of the following? (include parents, grandparents, aunts, uncles, brothers, sisters, and children; but exclude relatives by marriage and half-relatives).

Yes	No	Diabetes Mellitus	Who: _____
Yes	No	Heart Disease	Who: _____
Yes	No	High Blood Pressure	Who: _____
Yes	No	High Serum Lipids	Who: _____
Yes	No	Obesity	Who: _____
Yes	No	Stroke	Who: _____

Tobacco Usage

Have you ever smoke cigarettes, cigars, or a pipe? Yes No
 If yes, year you started: _____

Do you currently smoke? Yes No

If you did or do smoke, how many per day and what type of tobacco (e.g. cigarettes, cigars, pipes, etc.): _____

If you quit smoking, year you quit: _____

Have you ever used smokeless Tobacco? Yes No
 If yes, year you started: _____

Alcohol Usage

Do you ever drink alcoholic beverages? Yes No

If yes, what is your approximate intake of these beverages?

Beer:	None	Occasional	Often	# per week: _____
Wine:	None	Occasional	Often	# per week: _____
Hard Liquor:	None	Occasional	Often	# per week: _____

List any traumatic injuries you have experienced in your bones or soft tissue (include any disabling back problems you have had) and the approximate date of the injury.

____ Date: _____

____ Date: _____

____ Date: _____

____ Date: _____

List any illnesses you have had which required you to take more than one week of sick leave. List the approximate date(s) of the illness.

____ Date: _____

____ Date: _____

____ Date: _____

____ Date: _____

List any operation you have had. Including approximate date(s).

____ Date: _____

____ Date: _____

____ Date: _____

____ Date: _____

List any medications you are now taking (including self-prescribed medications and dietary supplements)

<u>Name of Medication</u>	<u>Date Started</u>	<u>Dosage</u>	<u>Dosage per Day</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

List any athletic or other physical activities that you regularly engage in. Specify for each the frequency, intensity, and duration of your involvement.

<u>Activity</u>	<u>Frequency</u>	<u>Intensity</u>	<u>Duration</u>
<i>E.g.: Running</i>	<i>3 times a week</i>	<i>6 miles</i>	<i>Past 12 months</i>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Please list anything else; which you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Health Appraisal Statement are accurate and complete.

Signature: _____ Date: _____

Print Name: _____

Medical Examiner Responsibilities

Please take a moment to read and sign these responsibilities that you have as a *medical examiner* to your client and to California Regional Fire Academy (CRFA).

You are responsible for...

- 1) Providing complete and honest health related information about the client.
- 2) Asking for clarification from the student or CRFA whenever information or instructions are not understood.
- 3) Providing accurate identifying information.
- 4) Treating your client and CRFA personnel in a respectful and considerate manner.
- 5) Understanding the physical demands of CFA's program and taking note on physical limitations the client may have.

I _____ fully understand my responsibilities as a physician and I commit myself fully to follow through with them.

Signature: _____

Date: _____

Print Name: _____

Dear Physician:

The individual you are examining is required to obtain a Medical Clearance to participate in the Physical Conditioning Program at the California Regional Fire Academy (CRFA) Basic Firefighter One Academy.

The Physical Conditioning Program consists of certain physical performance tests and a program of vigorous physical conditioning. Physical conditioning occurs a minimum of 1 hour per day, 3 days per week, for at least 6 months. Listed below are examples of physical performance tests that may be used to measure physical conditioning.

A Medical History Statement and a cardiac risk assessment have been completed by the individual to assist you in making your determination of the individual's suitability for participation in the conditioning program.

PHYSICAL PERFORMANCE TEST EXAMPLES

2 Mile Run: The individual runs 2 miles as fast as possible. Measures cardio respiratory endurance.

Abdominal Curls: The individual performs as many abdominal curls as possible in 2 minutes. Measures dynamic muscular endurance of the trunk.

Sit and Reach: The individual performs a test that measures range of motion of the lower back and abdominal girth.

Chin ups: The individual performs as many continuous chin ups as possible without releasing the chin up bar. Measures arm/back/grip strength and endurance.

Ladder Raise: The individual will fully extend and retract a 35' extension ladder. Simulates a firefighter work task.

Push-ups: The individual performs as many push-ups as possible in 2 minutes. Measures upper body strength/endurance.

Body Drag Test: The individual partially lifts and drags a 165 lb life-like dummy a minimum of 100 feet as quickly as possible. Simulates a firefighter work task.

PHYSICAL CONDITIONING

The program of physical conditioning involves exercise focusing on cardio respiratory endurance (aerobics), strength, power, speed, and flexibility. The intensity of the various exercises is individualized to the extent possible and is gradually increased throughout the course of the conditioning program. Each exercise session lasts approximately 60 minutes and consists of an 8-minute warm-up period, 30-45 minute conditioning bout focusing on a primary training objective, and a 7-minute cool-down period. A description of the conditioning objectives and activities appear below:

Conditioning Objective	Formats	Type of Activities
Flexibility	Walk/Jog/Floor Calisthenics	Begins with a walk/jog to warm muscles and is followed by slow stretching exercises and jogging in place for a specified period.
Muscular Strength/Cardiovascular Endurance	Circuit Training with Weights	A combination of conventional Universal Gym training exercises and jogging in place for a specified period.
Muscular Strength/Cardiovascular Endurance	Circuit Training with Calisthenics	A combination of conventional calisthenics, jogging and sprinting for a specified period of time requiring a specific number of repetitions.
Cardiovascular Endurance	Continuous Running	Conventional jog-run for a distance and pace (15-45 minute duration).

California Regional Fire Academy

Physical Health Appraisal

Last Name		First Name		Middle Initial
Date of Birth	Age	SSN		
Height	Weight	Blood Type	Blood Sugar	
Blood Pressure	Pulse	Peak Flow Reading	Cholesterol Level (Total & HDL level)	
General Appearance		Lab Work		
		CBC=Extensive Chem. Panel (Please attach lab work)		
List all Allergies		PPD Date:	Result: mm:	
		Date of Last Tetanus Shot:	If it has been over five years since your last tetanus shot, a new one is required.	
		Visual Exam		
		Auditory Exam		

Area	Normal	Abnormal Findings
Vital Signs		
Skin Condition		
Lymphatic		
HEENT		
Head		
Ears		
Eyes		
Nose		
Mouth/Throat		
Neck		
Back & Spine		

Shoulders		
Arms		
Wrists		
Hands		
Fingers		
Heart		
Lungs		
Abdomen		
G/U		
Rectal		
Knees		
Ankles		
Feet		
Toes		

Comments and General Health Recommendations:

Last Name		First Name	
Job Title		ID Number	
Medical Facility		Telephone Number	
Facility Address		City	
Date of Exam		Cleared	Denied

I certify that as a medical practitioner that I have completed a comprehensive and complete health appraisal on _____, as required by the California Regional Fire Academy's Basic Firefighter One Academy. Furthermore, I certify that _____ is medically cleared to participate in physical and strenuous activity as required by the Firefighter One Academy Program.

Signature: _____

Date: _____

Print Name: _____

California Regional Fire Academy

Basic Firefighter One Academy

MEDICAL CLEARANCE TO PARTICIPATE IN THE PHYSICAL CONDITIONING PROGRAM FOR:

(Print Name of Individual)

Having reviewed the above-named individual's Medical History Statement and cardiac risk assessment, and having read the descriptions provided of the physical performance tests and the physical conditioning activities, and having personally examined the above-mentioned individual, it is my professional opinion that:

Check (✓) One:

_____ It is highly unlikely that participation in the Physical Conditioning Program will pose a significant medical risk to the above-mentioned individual.

_____ The above-mentioned individual should **not** participate in the Physical Conditioning Program.

Physician's Information:

Last Name		First Name	
Job Title		ID Number	
Medical Facility		Telephone Number	
Facility Address		City	
Date of Exam	Cleared	Denied	

Signature: _____

Date: _____